TOWN CLERK



FOIL OFFICER

Date stamp here:

Date stamp here:

Freedom of Information Law Application (F.O.I.L.)—Application for Access to Public Records

Instructions: Complete the Section 1 and submit to **Office of Town Clerk, 655 Main Street, Islip New York 11751 (f) 631-224-5574**PLEASE TYPE OR PRINT CLEARLY

SECTION 1 – TO BE COMPLETED BY APPLICANT				
I HEREBY APPLY TO REVIEW OR COPY		IRED RELOW:		
1.NAME OF APPLICANT:	5. MAILING ADDRESS (include suite if applicable):			
	3. MAILING ADDICESS (include salte il applicable).			
	<u> </u>	<u></u>		
2. NAME OF BUSINESS FIRM:	6. CITY:	7. STATE:	8. ZIP CODE:	
3. SIGNATURE OF APPLICANT:	9. DATE OF APPLICATION:	<u>l</u>		
A TELEPHONE NUMBER	40. DEDA DTA 45NT 15 (A)O	4/81		
4. TELEPHONE NUMBER:	10. DEPARTMENT IF KNOV	NN:		
DESCRIPTION OF RECORD SOUGHT TO INSPECT AND	ANY SPECIAL INSTR	UCTIONS. Pleas	se describe the	
record(s) sought in as specific detail as possible with				
cannot determine what record(s) you seek your appl				
Town of Islip is only required to supply DOCUMENTS				
Town or iship is only required to supply Docoments	INAI ALNEADI EXI	31 (N13 POL AI	ticle 6j.	
FEE SCI	HEDULE			
Be advised there is a statutory fee due (\$.25 per pag	e, not in excess of 92	x14) for copies.	For anything	
else, including digital formats, cost of reproduction v		•		
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voluminous requests. Copy fees are to be paid for any pages required to be redacted prior to viewing a				
file. FOIL requests will not be processed for any person or company who fails to pay any outstanding				
FOIL fees due for a prior FOIL request. Copies will be prepared unless specifically requested otherwise.				
SECTION 2- TO BE COMPLETED BY AGENCY RECORDS ACCESS (FOIL) OFFICER				
Receipt of this request is hereby acknowledged. Please allow Twenty (20) business days for processing				
before contacting this office. A copy of this form is being mailed to you indicating your request is				
being processed.				
Date Record	ds Access Officer	Application	 າ Number	
		7.100		
Office of Constituent Services, 655 Main Street, Islip New York 11751 631-224-5380				
office of Constituent Services, 033 Iviant Street, 1stip Ivew Tork 11/31 031-224-3300				
PLEASE NOTE: The Public Officer's Law requires that a municipality acknowledge receipt of a FOIL request within five (5) business days.				

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	FOR AGENCY US	E ONLY BELOW		
	SECTION 3- NOTICE	TO APPLICANT		
	DEPOSIT RE	QUIRED		
A deposit in the amount of \$ is required before we can continue to process your FOIL application, as it is voluminous. Please forward a check payable to "Town of Islip" in the deposit amount to Records Access Officer, Constituent Services, 655 Main Street, Islip, New York 11751. For questions, please call 224-5380.				
	RECORDS PF	ROVIDED:		
□ The records have been fully provided. □ The records have been partially provided or redacted.				
□ The document(s) you requested are available. The cost of reproduction is \$ Please bring your cash, check or money order payable to the "Town of Islip" and submit to Town of IslipTown Clerk's Office, 655 Main Street, Islip, NY 11751. □ Please call 631-224-5380 to schedule an appointment to view documents. □ Redaction fee due \$ at time of appointment				
RECORDS D	DENIED. PARTIALLY	PROVIDED OF	RREDACTED	
RECORDS DENIED, PARTIALLY Request needs to be more specific because cannot determine what record(s) you seek Records not possessed by the Town of Islip After diligent search, there are no known documents that are responsive to your request Municipalities are not required to respond to questions or inquiries, only to provide documents Exempted by statute other than the Freedom of Information Law Unwarranted invasion of personal privacy Would impair present or imminent contract awards or collective bargaining negotiations Law Enforcement records		 □ Are trade secrets or commercial enterprise documents which if disclosed would cause injury to the competitive position of the subject enterprise □ Complainant's name cannot be disclosed pursuant to the Public Officers Law Article 6A and Sec. 89-2(a) □ Would endanger the life or safety of any person □ Municipalities are only required to search for specific documents requested □ Exempt inter-agency or intra-agency materials □ Exempt examination questions or answers □ Other 		
Name of Records Access Officer:	Records Access Office	cer's Signature:	Date:	
This Freedom of Information Request will remain on file for six (6) months from the date of final determination. Thereafter it will be destroyed. NOTICE: You have the right to appeal a denial of this application to Ernest J. Cannava, Senior Assistant				

Town Attorney, Islip Town Hall, 655 Main Street, Islip, NY 11751. You are entitled to an explanation of the reason for such denial in writing within ten (10) days of receipt of the appeal.

I hereby appeal:		
	Signature	Date